



APPLICATION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 29936/39480	
Application Number	10/618,290-Conf. #4375	Filed	July 11, 2003
For METHOD OF MANUFACTURING A SEMICONDUCTOR DEVICE			
Art Unit	2825	Examiner	Caridad Everhart
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$120	\$60 \$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$450	\$225 \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1020	\$510 \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1590	\$795 \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$2160	\$1080 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number acting under 37 CFR 1.34 35,902			
_____ Signature		_____ Date	
_____ Michael R. Hull		_____ (312) 474-6300	
_____ Typed or printed name		_____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 1 forms are submitted.			

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 6, 2005

Signature:  (Michael R. Hull)